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Country programme recommendation**

Cuba

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Cuba which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $3,069,000 from regular resources, subject to the availability of funds, and $6,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2006.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	2.9
U5MR (per 1,000 live births) (2000)	9
IMR (per 1,000 live births) (2000)	7
Underweight (% moderate and severe) (2000)	4
Maternal mortality ratio (per 100,000 live births) (1998)	27
Literacy (% male/female) (2000)	96/96
Primary school enrolment (% net, male/female)	93/95
Primary school children reaching grade 5 (%) (1997)	95
Use of improved drinking water sources (%) (2000)	91
Routine EPI vaccines financed by Government (%)	97
GNP per capita (US$)	[b]
One-year-olds fully immunized against:	
Tuberculosis	99 per cent
Diphtheria/pertussis/tetanus	94 per cent
Measles	96 per cent
Poliomyelitis	96 per cent
Pregnant women immunized against tetanus	.. per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

[b] Estimated to be lower middle income ($756-$2,995).

The situation of children and women

1. The analysis of the situation of children and women in Cuba remains essentially the same as described in the country note presented to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.23). However, new statistical data and information from 2000 have emerged to complement and update the situation analysis. In particular, some indicators have seen small increases, although they are not worrisome trends. According to recent government figures, the infant mortality rate has increased to 7.2 per 1,000 live births from 6.4 in 1999, the under-five mortality rate from 8.3 per 1,000 live births in 1999 to 9.1 in 2000, and the maternal mortality ratio from 29 per 100,000 live births in 1999 to 32.8 in 2000. However the incidence of low birth weight has decreased, from 9 per cent in 1993 to 6.1 per cent in 2000.

2. According to the 2000 multiple indicator cluster survey (MICS), approximately 46 per cent of infants under four months old are breastfed, and 42 per cent of children aged 4-9 months are breastfed in addition to receiving other foods. These data are significantly lower than the estimated data received from the sentinel sites.

3. Adolescents aged 12-18 years constitute 10 per cent of the total population in Cuba, with more than 70 per cent living in urban areas. Adolescents are involved in 23 per cent of marriages and 34 per cent of divorces, although the total number of adolescent marriages is decreasing and the number of divorces increasing. The abortion rate for young women aged 12-19 years has decreased from 62.7 per 1,000 in 1990 to 33.6 in 2000. This was the result of sex education programmes included in school curricula which provided training for young people on health-related issues and taking care of themselves.

4. During the last five years, adolescents aged 15-18 years have shown the highest rate of HIV infection since the first case was diagnosed in Cuba. During 2000, 8.1 per cent of the total number of sero-positive cases diagnosed affected young people between the ages of 10 and 19 years. The most important problems for this age group are risky practices, behaviour and conduct which can cause critical morbidity, disabilities and even death.

5. Adverse climatic conditions have negatively influenced the country's economy and the quality of life of the people, particularly in the eastern provinces, which have suffered long periods of drought and for over three years have lacked water for human and animal consumption. This has affected normal harvest cycles and reduced the availability of agricultural products to the population.

Programme cooperation, 1997-2001

6. One of the most important achievements of the health programme is the sustained level of national immunization coverage at 98.5 per cent, which through the provision of vaccines by UNICEF, contributed to the prevention of vaccine-preventable diseases in children. Through the MICS, in 2000, Cuba was able to assess specific areas related to water and sanitation, breastfeeding, use of contraceptives, nutrition and HIV/AIDS. This will help to evaluate and improve policies, norms and methodologies related to these interventions. Activities to control intestinal parasites in children and the environment in Escambray of the central provinces, for example, resulted in a reduction of the prevalence of intestinal infections from 60 per cent in 1998 to 9.1 per cent in 2000. Vitamin A deficiency in children under two years of age is no longer a health problem, as confirmed by a diagnostic study. Also worth mentioning is the production of the nutritional supplementary food, *Prenatal*, which helps to reduce iron and folic acid deficiencies among pregnant women. This successful project, initially assisted by UNICEF but now supported fully by the Government, contributed to the reduction of the prevalence of anaemia in women during the third quarter of pregnancy from 60 per cent in 1996 to 25 per cent in 2000.

7. The water and sanitation programme has contributed to government efforts to provide water in communities with over 300 inhabitants by installing 1,998 rural water points. It has also guaranteed the availability of potable water in more than 200 systems and supported the rehabilitation of six water treatment plants in urban area. The identification of vulnerable zones in six cities of the eastern provinces in terms of the availability of water and sanitation and the establishment of short-, medium- and long-term plans of action allowed local authorities to define investments, with a view to reducing health-related risks in children and adolescents living in these areas. Likewise, the multisectoral approach achieved with the

creation of water, health and education groups in communities has contributed to the development of hygiene education activities. The participation of children and adolescents in issues related to water and sanitation has increased through dialogue, the creation of 50 meeting places, and story-telling and drawing contests at national and provincial levels. UNICEF contributed to strengthening technical capacities at the local level and has supported centres for the development of low-cost technologies to build water supply and excreta disposal systems, including treatment by non-conventional methods.

8. The education programme focused on three specific areas: (a) early childhood development for children under six years of age through the non-institutional education project, "Educate your child", which involved families; (b) improvement of school facilities and teaching processes; and (c) implementation of preventive educational interventions to improve the knowledge of families and other social actors through *Facts for Life*. The latter currently is being implemented in 2,115 communities, benefiting 432,338 children, adolescents and parents. It is a national multisectoral project that regards the school as the most important cultural centre within the community, and serves as a tool in identifying problems and their solutions. One of the key achievements has been to demonstrate that it is possible to offer educational action through alternative methods involving not only specialized personnel, but also families, institutions and communities. The Cuban experience of non-formal, pre-school education has reached 70 per cent of children under five years of age and has also served as a reference for other countries in the region. The involvement of families in this effort has been fundamental. The combination of non-formal and formal systems (early childhood care (ECC) centres and pre-school grades) results in almost total coverage of all children under five years of age with care, nurturing and pre-school education.

9. The social policy programme focused on the promotion of a culture of rights of children and women through advocacy. This programme was strengthened in the second half of the programming cycle with the development of a project for the dissemination of the rights of children and adolescents. Advocacy activities to promote a culture of rights led to the implementation of this nationwide multisectoral project. The dissemination of the rights of children and adolescents has allowed the creation of 16 reference centres and multisectoral technical teams which carry out training, advocacy and technical assessment activities, among others, at the provincial level. The social policy programme has also contributed to strengthening statistical systems in the areas of water and sanitation and health, and has resulted in the availability of more precise information on the main social indicators related to children.

Lessons learned from past cooperation

10. The lessons learned remain essentially the same as described in the country note. Addressing the issue of rights, in coordination with the Ministry of Justice and the participation of institutions and non-governmental organizations (NGOs), has resulted in the development of innovative methods for promoting a culture of rights. Provincial reference centres throughout the country will become important places for the development and implementation of the intersectoral programme components of the next country programme of cooperation.

11. The active participation of adolescents in HIV/AIDS prevention activities allowed the project to broaden its scope from school to the community. This type of peer education will serve as a frame of reference for future actions.

Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					
	2002	*2003*	*2004*	*2005*	*2006*	*Total*
Regular resources						
Integrated attention to early childhood	246	246	246	246	246	1 230
Basic education for children 6-11 years old	140	141	141	141	141	704
Adolescent development and participation	117	117	117	117	117	585
Cross-sectoral costs	110	110	110	110	110	550
Subtotal	**613**	**614**	**614**	**614**	**614**	**3 069**
Other resources						
Integrated attention to early childhood	564	564	564	564	564	2 820
Basic education for children 6-11 years old	360	360	360	360	360	1 800
Adolescent development and participation	276	276	276	276	276	1 380
Cross-sectoral costs	100	100	100	100	100	500
Subtotal	**1 300**	**1 300**	**1 300**	**1 300**	**1 300**	**6 500**
Total	**1 913**	**1 914**	**1 914**	**1 914**	**1 914**	**9 569**

Country programme preparation process

12. The country programme preparation process has been consultative and participatory, involving the sectoral ministries and the Ministry of Foreign Investment and Economic Collaboration (*Ministerio para la Inversión Extranjera y la Colaboración Económica* (MINVEC)), which is the governing body in charge of cooperation in Cuba and leads the process in coordination with UNICEF. In addition, the situation analysis, strategy paper and country note were elaborated with the participation of the Pioneer Children's Organization (*Organización de Pioneros*), the Secondary School Students' Federation, the Centre of Studies on Youth and, especially, the Federation of Cuban Women.

13. Subsequent to the review of the country note by the Executive Board, MINVEC conducted a series of consultations with other government partners and institutions, including concerned United Nations agencies, to prepare the country programme recommendation (CPR) and master plan of operations (MPO). The UNICEF Regional Office for the Americas and the Caribbean was also consulted

throughout the process. Comments on the draft CPR made at a regional preview meeting were shared with government authorities. The analysis of the causes of the problems identified aided the design of the logical framework of the new country programme and helped to focus UNICEF-supported actions according to the specificities of each programme component. The multisectoral programme initially included in the country note has been cancelled given the multisectoral nature of the other programmes.

14. The Common Country Assessment (CCA) is being prepared by the Government and United Nations agencies in Cuba. The situation analysis of children and women represents an important input to the CCA. The environmental impact assessment of the programme interventions was undertaken according to the national environmental policy.

Country programme goals and objectives

15. The goal of the country programme of cooperation is to contribute to the Government's efforts to guarantee the fulfilment of the rights to survival, development, protection and participation of all children and women, in conformity with the obligations and responsibilities assumed by the Government of Cuba as a State Party to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives of the country programme are to contribute to: (a) the well-being of mothers and children through ECC that promotes physical and mental health, as well as adequate learning capacities, especially for children living in socially disadvantaged conditions; (b) a quality education for children aged 6-11 years, including the provision of adequate learning space for their development; and (c) the integral development of adolescents, leading to responsible and healthy behaviour, and effective ways of participation, with particular emphasis on groups that are at risk or socially disadvantaged. The overall goal and objectives of the country programme will guide the establishment of annual objectives based on the opportunities and availability of resources. Three core programmes that correspond to different life cycle stages will be developed: (a) integrated attention to early childhood; (b) basic education for children 6-11 years old; and (c) adolescent development and participation.

Relation to national and international priorities

16. The objectives and priorities of the country programme are consistent with the Government's socio-economic development strategy, giving specific priority to the increased promotion of an integral culture of child rights to ensure its appropriation by the population, including children and women, and the sustainability of specific social achievements in terms of equity, both of which are priorities of both the Government and UNICEF.

17. The proposed programme aims to address children's issues through a multisectoral approach that is not limited to survival, but which through the three programme areas will contribute to the realization of children's rights. This is in harmony with the global agenda for children and the organizational priorities of UNICEF as indicated in the medium-term strategic plan.

18. The observations of the Committee on the Rights of the Child on Cuba's report and the follow-up actions taken by the Government have been taken into account in identifying the priorities of the country programme. Beginning in 2000, for example, a project for the dissemination of information and awareness-raising on the principles of child rights has been implemented in order to strengthen a culture of child rights, as recommended by the Committee and in accordance with the country programme. Likewise, statistical information systems will be strengthened, giving priority not only to the collection and processing of data on children up to 15 years of age, but also extending the range of data to include the 15- to 18-year old age group. The Government has also taken several measures to prevent accidents and related deaths of young people, and one of the objectives of the adolescent programme is to address this issue.

19. Through its support to adolescent development and participation, and its focus on the integral health of young people, the UNICEF programme is closely related to the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to government policies on sex education in the context of the family, school and community to avoid unwanted pregnancies and prevent sexually transmitted diseases (STDs), including HIV/AIDS.

Programme strategy

20. The programme strategy remains essentially as described in the country note. UNICEF cooperation will focus on the challenge of continuing to improve the well-being of all children in accordance with the Government's policy to ensure fulfilment of the rights of children, while helping to sustain successful experiences. The programme will use the life cycle approach and be based on a combination of activities, including capacity-building; information, education and communication (IEC); and the participation of children, adolescents, families, community workers and professionals. These strategies are being pursued within the context of the decentralization process at the local level.

21. UNICEF cooperation will also focus on issues that cut across the different programme components. Each programme will include gender equity, by emphasizing the analysis of disaggregated data from the national statistic information system. Within the framework of the UNAIDS Integrated Strategic Plan, UNICEF will support and strengthen actions to prevent HIV/AIDS by focusing on children and adolescents. In addition, given Cuba's geographic location and vulnerability to natural disasters, emergency interventions will be included in all programmes. Monitoring and evaluation activities will be strengthened, as will resource mobilization. Of particular interest is the promotion and sharing of successful experiences and methodologies with countries of the region.

22. **Integrated attention to early childhood**. The programme, which covers the first stage of the life cycle up to five years of age, has two project areas: (a) ECC and meeting children's physical development needs in the early stage of life, including the needs of pregnant women, through actions in the areas of health, nutrition, and water and sanitation; and (b) early stimulation of emotional and intellectual development, focusing on improving children's psychosocial and intellectual development and early learning to facilitate their preparation for primary school.

23. Through the first project, UNICEF will continue to support the national immunization programme to help sustain current immunization levels, particularly in relation to vaccines against tuberculosis, diphtheria/pertussis/tetanus and measles/mumps/rubella. In order to achieve an adequate nutrition level, reduce anaemia in children and mothers, and reduce the incidence of low birth weight, UNICEF will support interventions, including the development of supplementary feeding and the fortification of food with micronutrients, and the promotion of exclusive breastfeeding, with a target of 80 per cent of children being breasted exclusively, up from the current 46 per cent. The project will emphasize nutrition education and promote the Baby- and Mother-Friendly Hospital Initiative. To reduce morbidity due to acute diarrhoeal disease, the project will ensure the availability of oral rehydration salts and support access to and improvement of quality water supplies and adequate sanitation, particularly in communities in the vulnerable geographical areas and including maternal homes and early childhood centres. The project will also take actions to reduce morbidity due to acute respiratory infections. All of these interventions will be complemented by community educational activities, aimed particularly at families and supported by communication and social mobilization campaigns and the production of materials for training purposes.

24. The second project concerns the psychomotor and intellectual development of the young child, and will also address the situation of children with special needs and disabilities. The project aims to empower and enhance the capacities of families to carry out their responsibilities as primary caregivers, using the "Educate your Child" and *Facts for Life* methodologies. Similarly, the role of family doctors will be strengthened. The project will support the production of educational materials for parents, teachers and other personnel involved in child-rearing and development.

25. The programme will be funded largely by regular resources, which will be used to initiate implementation of activities for both projects, especially in the most needy and vulnerable areas. Other resources will complement the interventions of the first project and activities of the ECC centres.

26. **Basic education for children 6-11 years old**. The programme will address the principal problems that affect the health and quality of education for children in this age group. Priority will be given to disabled children within the framework of the special education programme currently being implemented in Cuba. Through the "healthy schools" project (see paragraph 27 below), the programme will give priority to: (a) reducing morbidity and mortality due to accidents, diarrhoeal disease, hepatitis A and intestinal infections; maintaining the necessary immunization levels to prevent diphtheria and tetanus; eliminating iodine deficiency; providing safe drinking water and adequate sanitation in schools; and promoting healthy hygienic and eating habits; and (b) improving the quality of education and teaching, and developing alternative methods of complementary education which involve families and institutions in order to achieve the integral development of children. The programme will support such important activities as IEC, as well as the participation of the children themselves and their families.

27. The programme's single project area, on "healthy schools", aims to improve children's health status by supporting services in schools and/or surrounding communities. The services include immunization, particularly against diphtheria and tetanus; and ensuring access to water and sanitation, giving priority to the vulnerable zones in the eastern provinces. In addition, the project will support the

training of teachers and the production of teaching and school materials to improve the quality of education. Advocacy for the development of alternative methods of education will be undertaken. The school will be an important point of convergence for integrated projects which promote a national movement for healthy schools. The programme will have national coverage, but give priority to the zones most in need.

28. Regular resources will be allocated mainly to the information, communication, education and training activities and the purchasing of vaccines and other supplies, with priority given to activities in the zones identified as vulnerable. The mobilization of other resources is required to expand the programme to other areas of the country.

29. **Adolescent development and participation**. The programme, aimed at young people aged 12-18 years, will address their lack of perception of the risks facing them, including accidents and inappropriate sexual behaviour. At the same time, it will work to raise awareness of families and communities of their obligations and responsibilities with regard to adolescent development. Through its project on adolescent health and development, the programme will seek to improve adolescent health with an emphasis on reproductive and sexual health, nutritional status and HIV/AIDS prevention. It will also promote self-care of adolescents living with HIV and the involvement of their families. The programme will seek to increase the quality of integrated interventions for adolescent development and promote effective forms of participation that will lead to safe and responsible behaviour, as well as to prevent accidents.

30. The project will support the promotion of healthy lifestyles and protection against HIV/AIDS and STDs. It will also support the improvement of water and sanitation facilities and hygienic conditions in schools to reduce morbidity due to related diseases, in combination with hygiene education. The programme will use a strategy of IEC, emphasizing peer education linked to the National Plan of Integral Attention to Adolescent Health. The project will promote a culture of rights that will allow adolescents greater participation in making decisions that affect their lives. It will support the creation and utilization of meeting spaces that will facilitate better communication between adolescents and with adults; recreation, culture and sports activities; information and communication for effective adolescent participation; community work that reinforces the link between school, the family and the adolescent; and partnerships with media and the development of attractive means of communication with and for adolescents.

31. The strategy is to reach adolescents in schools, communities and youth centres. The programme will have national coverage, but give priority to vulnerable and complex geographical areas.

32. Regular resources will be allocated for the development of critical activities in the areas of reproductive and sexual health and HIV/AIDS prevention in the vulnerable zones. Other resources will be used to complete and broaden the interventions.

33. **Cross-sectoral costs**. Because none of the core programmes include operational costs, cross-sectoral costs will be used for activities that are closely linked to the implementation of the programme of cooperation, specifically information and communication technology, planning and general coordination. A

minimum budget has been allocated under regular resources which can be increased, when necessary, depending on the availability of other resources.

Monitoring and evaluation

34. Each programme will include a monitoring and evaluation component. The main indicators to measure progress of the country programme include, among others, the rates of reduction of: nutritional deficiencies in pregnant women and children under five years; the prevalence of transmittable intestinal diseases; morbidity/mortality due to accidents; and HIV/AIDS in adolescents. Other indicators will include the levels of immunization coverage; the percentage of children beginning primary school with better preparation and of families empowered on child development issues; the number of teaching personnel trained to improve the educational process; the number of provincial-level technical teams, communities, children and adolescents trained in child rights; and the rates of coverage for safe water and sanitation. These indicators will be established in the annual plans of action, which will also include monitoring of implementation through field visits. Most indicators are available from routine data systems that will be developed.

35. Together with the monitoring of the main indicators of the country programme, periodic monitoring of financial implementation of the programme will also be undertaken. This will ensure the adequate allocation of funds as well as their appropriate use, as well as facilitate reporting to donors.

36. Monitoring and evaluation activities will be defined in the integrated monitoring and evaluation plan and reviewed regularly as part of the MPO. Activities will include, among others, the annual reviews; the mid-term review, to take place in 2004; and the final evaluation on progress achieved. During this period, an assessment of adolescents' eating habits and nutritional conditions will be conducted, and a tool for evaluating the nutritional surveillance of pregnant women will also be designed.

Collaboration with partners

37. UNICEF will continue to strengthen cooperation with donors and both national and international allies. Collaboration with United Nations agencies represents a priority, complementing Government and UNICEF efforts in areas of mutual interest. This will lead to joint interventions with the United Nations Population Fund to strengthen sex education in schools; with the World Food Programme to support food availability in schools in the eastern provinces; with the Pan American Health Organization/World Health Organization in its municipal development project; and with the United Nations Educational, Scientific and Cultural Organization in the area of education.

38. In the national context, working directly with MINVEC will ensure complementarily of interventions and inputs of other international development aid partners with the country programme priority components. In addition to the relevant ministries, collaboration will be established with national research centres, universities and economic institutions in monitoring the situation of children and

adolescents. Alliances with individual experts and recognized institutions will support advocacy and social mobilization efforts.

39. National Committees for UNICEF, the private sector and donor Governments are important contributors to the programme. Currently, the principal donors are the National Committees of Andorra, Canada, Spain and Switzerland, as well as the Government of Finland. Strengthening relationships with the diplomatic community will offer other potential opportunities for resource mobilization.

Programme management

40. MINVEC is responsible for the coordination of the programme of cooperation, in collaboration with the Ministries of Health, Education and Justice, as well as the National Institute of Hydraulic Resources. Each ministry will identify a coordinator who will work closely with MINVEC and UNICEF and have full responsibility in programme planning, management, implementation and monitoring.

41. The Government and UNICEF will conduct annual meetings during the last quarter of each year to plan and review progress, identify problems, and discuss possible solutions and any necessary adjustments to the plan of operations. This review will lead to the preparation of the plan of action for the following year. Other United Nations agencies, multilateral and bilateral donors, and NGOs will be invited to participate as appropriate. The annual project plans of action will include details of the activities to be carried out, the institutions responsible for their implementation, the timetable, and the necessary supplies and equipment anticipated by the Government and UNICEF.

TABLE

COUNTRY : CUBA
PROGRAME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
INTEGRATED ATTENTION TO EARLY 1/	1,230,000		1,230,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION FOR CHILDREN 2/	704,000		704,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADOLESCENT DEVELOPMENT AND 3/	585,000		585,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COST	550,000		550,000	0	0	0	0	0	0	0	1	3	4	0	337,234	337,234
TOTAL RR	3,069,000		3,069,000	0	0	0	0	0	0	0	1	3	4	0	337,234	337,234
OTHER RESOURCES :																
INTEGATED ATTENTION TO EARLY 1/		2,820,000	2,820,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION FOR CHILDREN 2/		1,800,000	1,800,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADOLESCENT DEVELOPMENT AND 3/		1,380,000	1,380,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COST		500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		6,500,000	6,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR & OR	3,069,000	6,500,000	9,569,000	0	0	0	0	0	0	0	1	3	4	0	337,234	337,234
SUPPORT BUDGET	Operating costs		500,500													
	Staffing			0	0	0	1	1	0	2	2	3	7	1,371,408	436,565	1,807,973
GRAND TOTAL (RR + OR + SB)				0	0	0	1	1	0	2	3	6	11	1,371,408	773,799	2,145,207
Number of posts and staff costs:																
Current programme cycle										1	2	6	9			
At the end of proposed programme cycle (indicative only)										2	3	6	11	1,371,408	773,799	2,145,207

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

1/ CHILDHOOD
2/ 6-11 YEARS OLD
3/ PARTICIPATION